

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HALE ANUENUE RESTORATIVE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1333 WAIANUENUE AVENUE HILO, HI 96720</b>		
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4 000	Initial Comments  A relicensure survey was conducted by the Hawaii Survey Agency from January 29, 2019 to February 4, 2019. The census upon entrance was 103.	4 000		
4 136	11-94.1-30 Resident care  The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to:  (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth.  This Statute is not met as evidenced by: 1) Based on observations, medical record review and staff interview, the facility failed to maintain necessary nutritional support for one of seven residents (R) 39 which resulted in a significant weight loss of 16% over a three month period.  Findings include:  R39 was admitted to the facility on 03/22/18 with diagnoses which included osteoporosis and vascular dementia. Upon admission, R39 did not refuse meals and was not experiencing mood or behavior problems.	4 136	Corrective Action: Resident #39 was assessed by registered dietician on 2/15/19, current nutritional interventions were reviewed by registered dietician on 2/15/19, and findings were reviewed by resident's physician on 2/22/19. New orders were written by resident's physician in collaboration with the registered dietician on 2/22/19.  Identification of Others: A full house audit was conducted to review all resident weight data and those	3/21/19

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/19



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4 136	Continued From page 1  An observation of R39 on the morning of 01/29/19 at 10:41 AM found her in bed with the curtains drawn as she was banging on the wall and yelling for help. She yelled, "Help me. Help me. Don't leave me here. I need help." Surveyor went into her room to ask how she was doing. She said she wasn't feeling well. R39 appeared distressed and worried. She stated, "My stomach hurts. I need Tylenol." Surveyor informed her she would notify the Licensed Nurse (LN) to assist her. She stated, "Don't say that. You always say that. Don't say you're coming back. They always say that. Make sure you bring the nurse back or she won't come." Surveyor assured her she would make sure the nurse came in to assist her. Surveyor found LN43 to endorse R39's wishes. LN43 attended to R39 within five minutes. Observation of R39 on 01/29/19 at 11:20 AM found her asleep in bed. On 01/29/19 at 12:00 PM R39 was heard banging on the wall in her room and yelling for Staff 107 and Staff 37. R39 was yelling, "[Staff 107, Staff 37]...You leave me here and don't come back... [Staff 107] don't leave me here...[Staff 37] come and get me. Don't leave me." At 12:04 PM the Registered Dietician (RD) walked into R39's room to assist her. R39 was upset and telling the RD she needs help. At 12:06 PM Staff 107 walked in and assisted R39 out of bed and into her wheelchair. Staff 107 wheeled R39 to the bathroom where he stopped to get her hairbrush and brushed her hair. R39 saw the surveyor standing in the hallway observing her. R39 appeared agitated and anxious with her brow furrowed. R39 stated, "Don't you let that young [pause] woman wheel me." Staff 107 brought R39 to the dining room and placed her at a table. The lunch trays were passed out and she saw her meal of chopped pork and rice and yelled, "I don't	4 136	residents with behaviors for weight loss. 12 residents were identified and were reviewed by registered dietician on 3/11/19 for nutritional interventions needs.  Systemic changes: The facility will conduct a weekly resident at risk (RAR) meeting to review the residents who have been identified with nutritional concerns and/or who have the identified risk factor of behaviors which may lead to nutritional concerns. The registered dietician will document weekly progress notes for all residents reviewed in the weekly resident at risk (RAR) meeting.  Interdisciplinary team members were educated on Resident at Risk (RAR) Meeting protocol and the Weight Monitoring Policy on 3/7/19 by the Director of Nursing and the Registered Dietitian.  Monitoring Systemic Changes: The registered dietician will conduct an audit weekly for a total of 3 months, to monitor residents reviewed in resident at risk weekly meeting for weight loss, with behaviors that may lead to nutritional concerns, physician update as appropriate for interventions/orders, and that a progress note is documented weekly. Results of these audits will be taken to the QAPI committee monthly for review. The results of the audits will be reviewed in QAPI to ensure substantial compliance has been achieved and maintained.	



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4 136	<p>Continued From page 2</p> <p>want to eat that. Take me back to my room." Staff 107 returned approximately two minutes later and wheeled her back to her room and placed her back to bed. An interview of Staff 107 on 01/29/19 at 12:30 PM revealed he placed R39 back to bed because she didn't like the way the pork was chopped. Staff 107 was asked whether she was offered a substitute for her meal which he didn't answer as he moved on to his next task. R39 did not have lunch on 01/29/19.</p> <p>An observation of R39 on 01/30/19 at 09:00 AM found her in bed asleep; At 12:00 PM she was in bed asleep. On 01/31/19 at 10:00 AM R39 was found in bed asleep. On 01/31/19 at 12:00 PM she was observed up in her wheelchair in the hallway waiting for lunch. She appeared worried and anxious with her brow furrowed and appearing restless as though she needed to go somewhere. At 12:02 PM, R39 began yelling for staff to return her to her room. A staff member returned her to her room. Again, R39 missed lunch.</p> <p>On the morning of 02/01/19 at 9:30 AM R39 was found in bed asleep. LN100 stated she was out earlier for breakfast then returned to bed. On 02/01/19 at 11:00 AM R39 was heard banging on her wall and yelling for staff to help her.</p> <p>A review of R39's intake log on the afternoon of 01/31/19 at 01:55 PM found she often refused her meals, particularly lunch and dinner. R39 almost never accepted the afternoon and bedtime snacks. In the month of October 2018, R39 refused breakfast on 2 days; Refused lunch 9 days; and Refused dinner 7 days. For the month of October 2018, R39 refused more than one meal per day: 10/1/18 refused lunch and dinner; 10/22/18 refused lunch and dinner; 10/24/18</p>	4 136		



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4 136	<p>Continued From page 3</p> <p>refused lunch and dinner; 10/27/18 refused breakfast and dinner; 10/31/18 refused lunch and dinner. In the month of November 2018, R39 refused breakfast 10 days; Refused lunch 10 days; and Refused dinner 10 days. For the month of November 2018, R39 refused at least two meals on the following days: 11/02/18 refused breakfast and lunch; 11/03/18 refused breakfast and lunch; 11/09/18 refused lunch and dinner; 11/13/18 refused breakfast, lunch and dinner; 11/15/18 refused breakfast and dinner; 11/17/18 refused breakfast, lunch and dinner; 11/18/18 refused breakfast and dinner; 11/19/18 refused breakfast and lunch; 11/20/18 refused breakfast and dinner; and 11/22/18 refused breakfast, lunch and dinner. In the month of December 2018, R39 refused breakfast 2 days; Refused lunch 2 days; and Refused dinner 6 days. In the month of January 2019, R39 refused lunch 2 days and refused dinner 8 days. For the month of January 2019, R39 refused lunch and dinner on 1/29/19.</p> <p>On the morning of 01/30/19, a review of R39's weights found she weighed 122 pounds on 9/17/18. On 10/15/18 R39 weighed 117 pounds, or 5% loss from 9/17/18 (one month). On 11/12/18 R39 weighed 106 pounds or 13% loss from 9/17/18 (two months). On 12/03/18 R39 weighed 102 pounds or 16% loss from 9/17/18 (three months). Her latest weight was 102 pounds on 01/14/19.</p> <p>On the afternoon of 01/3/19 at 3:00 PM, a review of R39's Resident At Risk (RAR) notes found an entry dated 10/25/18 which noted, "appetite getting worse; continues to yell." Another entry dated 10/26/18 noted, "Weight change likely related to fluctuation in appetite with mood swings/shingles pain." The 10/26/18 plan was to</p>	4 136		



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4 136	<p>Continued From page 4</p> <p>recommend 2Cal HN 60 ml three times daily with medpass. An entry dated 1/10/19 noted, "Behavior interferes with meals."</p> <p>A review of R39's care plan titled "Nutrition" with onset date 04/03/18 did not discuss the fact that the resident frequently refused meals with the recommended approaches.</p> <p>On the morning of 02/01/19 at 08:30 AM, the physician's progress notes dated 06/19/18 to 12/31/18 were reviewed. On 10/18/18 the physician noted R39's appetite was satisfactory and had a 3 pound weight loss (117 pounds). However, from her baseline weight of 122 pounds, that was a 5% loss within one month (or significant). On 10/30/18, the physician noted R39's appetite was satisfactory with no significant weight change and that she was experiencing epigastric pain (10/29/18 weight 115 pounds or 6% loss in 1.5 months). The physician's plan for R39's epigastric pain noted it was likely GERD (Gastroesophageal Reflux Disease) vs PUD (Peptic Ulcer Disease) - Trial (PPI) Proton Pump Inhibitors daily to assess if this helps. On 10/31/18 the physician noted R39 had epigastric pain and she was constipated.</p> <p>An interview of LN100 on the afternoon of 01/31/19 at 03:09 PM revealed R39 had uncontrolled behaviors which the LN attributed to the resident's poor intake. LN100 stated R39 has outbursts, screams a lot, and refuses care on a daily basis. The LN noted R39's behaviors have interfered with her nutritional intake causing her to have a significant weight loss. LN100 stated R39 often refuses meals as a result of her labile behaviors. LN100 stated R39 receives 2Cal (nutritional supplement) three times daily with medication pass, which she takes.</p>	4 136			



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4 136	<p>Continued From page 5</p> <p>An interview of the Registered Dietician (RD) on the morning of 02/01/19 at 08:51 AM revealed R39's behaviors have progressively gotten worse. The RD noted, "Sometimes her behavior affects her appetite." The RD stated she referred R39 for a swallow evaluation by a Speech Language Pathologist (SLP) on 04/09/18. She reported the SLP had difficulty completing her swallow evaluation because R39 did not like the SLP and she therefore had to stand at a distance during observations. The SLP recommended a regular, mechanical soft diet. The RD noted around October or November 2018 the facility did a significant change Minimum Data Set (MDS) because it seemed like her behavior started to affect her appetite. At that time, she was started on 2Cal (nutritional supplement) three times daily. The RD said it was her understanding that the physician was adjusting her medications and the RD wanted to see if it had any impact on her intake/weight. The RD was flipping through R39's medical record and mentioned, "Oh it says here she had shingles. That may have gotten the ball rolling." The RD concluded that it's very likely her behaviors have affected her nutritional intake causing an avoidable significant weight loss.</p> <p>2) Based on observations, medical record review and staff interviews, the facility failed to maintain the highest practicable physical, mental and emotional well being for five of six residents (R) (R39, R33, R20, R41, R70) reviewed for behavior, with one resident (R39) who experienced actual harm from not receiving the necessary behavioral health care and services.</p> <p>Findings include:</p> <p>Resident (R) 39 was admitted to the facility on</p>	4 136		



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4 136	<p>Continued From page 6</p> <p>03/22/18 with diagnoses which included vascular dementia, hyponatremia (low sodium) and osteoporosis.</p> <p>An observation of R39 on the morning of 01/29/19 at 10:41 AM found she activated her call light and was banging on the wall in her room and screaming: "Help me. Help me. I need help." Surveyor went into R39's room and asked how she was doing. She said her stomach hurt and she asked for Tylenol. Surveyor informed her she would return after she notified the nurse of the resident's needs. R39 yelled, "Don't say that. Don't leave. You won't come back. Make sure you bring the nurse back or she won't come." She continued to scream that as the Surveyor went out to notify a Licensed Nurse (LN) of her request. LN43 said she would go in to help the resident and was observed going into the resident's room a few minutes later. At 11:30 AM the surveyor returned to follow up with R39 but she was asleep. On 01/29/19 at 12:00 PM R39 had again activated her call light and was banging on the wall, screaming the names of the Certified Nurses Aides (CNAs) who routinely care for her. She screamed, "[CNA107]...[CNA37]...You leave me here and don't come back. Help!" Various staff were present and continued with their tasks without checking on R39. At 12:04 PM the Registered Dietician (RD) walked into R39's room to assist her. The RD was seen talking with R39 while she lay in bed. R39 stated she was hungry and ready for lunch. CNA107 walked into R39's room at 12:06 PM and assisted her from the bed into her wheelchair. CNA107 wheeled R39 towards the door and stopped at the bathroom to brush the resident's hair. R39 could see the Surveyor standing in the hall observing. R39 was looking at the Surveyor and in an irritated voice she told CNA107, "Don't let her wheel me. I don't</p>	4 136		



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4 136	<p>Continued From page 7</p> <p>want that young...[pause]...woman taking me anywhere." CNA107 assured R39 he would be the person wheeling her out of her room. R39 was brought to the dining room and placed at a table. The lunch trays were passed out and she saw the meal which consisted of chopped pork and rice. She yelled, "I don't want to eat that. Take me back to my room." CNA107 brought R39 back to her room and placed her back in bed. An interview of CNA107 on 01/29/19 at 12:30 PM revealed he placed R39 back to bed because she didn't like the pork, particularly the (mechanical soft) texture. CNA107 was asked whether she was offered a substitute for her meal, which he didn't answer as he moved on to his next task. R39 did not have lunch on 01/29/19.</p> <p>On 01/30/19 at 10:30 AM R39 was heard yelling and banging on her wall from her room. While banging on the wall, she was screaming for a CNA, "[CNA107] you come here now. I need help." She continued to scream until a staff member attended to her at 10:34 AM. When the staff member arrived, R39 told the staff to help her in an irritated tone of voice.</p> <p>On 01/31/19 at 12:00 PM R39 was up in her wheelchair, seated in the hallway with several other residents in preparation for the lunch meal. R39 began getting restless and began raising her voice. She began yelling at the staff saying negative comments. She then yelled that she'd like to return to her room. A CNA returned R39 to her room and put back to bed. She did not have lunch that day.</p> <p>On 02/01/19 at 9:30 AM R39 was in bed asleep. An interview of LN75 on 02/01/19 at 9:30 AM revealed R39 came out of her room earlier for</p>	4 136		



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4 136	<p>Continued From page 8</p> <p>breakfast then returned to bed.</p> <p>A medical record review on the morning of 01/31/19 at 10:00 AM revealed multiple entries in the nurse's progress notes indicating R39 experiences distressed behaviors which included screaming, insulting staff/family members, physical aggression, banging on the wall and refusing to eat. A review of the nurses notes from 11/01/19 through 01/31/19 found R39 experiences distressful behaviors on a daily basis. According to the nurses notes, R39 would, on a daily basis, scream, bang on the wall, get restless, get agitated and insult staff and family members. In addition to these behaviors, R39 frequently refuses to eat. According to the nurses notes, the CNA staff would bring R39 out for meals where she would be among other residents. She would get agitated and ask to return to her room where she returns to bed. Occasionally R39's behaviors were inconsolable and the nurses would administer Lorazepam.</p> <p>R39 was seen by a psychiatrist on 09/10/18. On the afternoon of 01/31/19 at 02:50 PM, a review of R39's visit with the psychiatrist noted the resident was fixated on one particular staff member whom she felt violent towards and had difficulty controlling her temper around. The psychiatrist diagnosed R39 with senile dementia with delusional features and vascular dementia with delusions. He recommended a trial of Risperdal with slow increase. The psychiatrist suggested an alternative treatment using Escitalopram (antidepressant) in combination with Aripiprazole (antipsychotic) instead of Risperdal.</p> <p>On the morning of 01/31/19 at 11:00 AM, a review of R39's intake from October 2018 to January 2019 found she ate breakfast on most mornings.</p>	4 136		



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4 136	<p>Continued From page 9</p> <p>However, she often refused meals particularly lunch and dinner. As noted above, observations during survey as well as nurses notes found she got agitated when placed among other residents in common areas. Observations and nurses notes found that R39 demands to return to bed within minutes of being placed among other residents. During the survey period, 1/29/19 to 2/4/19, R39 was often observed in bed asleep: 1/29/19, 11:30 AM; 1/29/19, 1:30 PM; 1/30/19 at 9:00 AM; 1/30/19 at 12:00 PM; 1/30/19, 2:30 PM; 1/31/19 at 10:00 AM; 1/31/19, 2:15 PM; 1/31/19, 4:00 PM; 2/1/19, 9:00 AM; 2/1/19 10:30 AM; and 2/4/19, 11:15 AM.</p> <p>On the afternoon of 01/31/19 at 1:30 PM a comparison of R39's last two Minimum Data Set (MDS), a resident assessment instrument, dated 11/23/18 (significant change) and 9/15/18 (quarterly assessment) found R39 experienced a significant change. The 11/23/18 MDS noted R39 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating moderately impaired cognitive patterns. The 09/15/18 MDS noted a BIMS score of 15 out of 15 indicating intact cognition. The 11/23/18 MDS noted an acute change in mental status from the resident's baseline. R39's mood score on the 11/23/18 MDS was 13 out of 27 as compared to 5 out of 27 on the 09/15/18 MDS, indicating increased symptoms of mood problems (feeling down, trouble sleeping or sleeping too much, poor appetite, restlessness). The 11/23/18 MDS noted R39 had verbal behavioral symptoms toward others 4 to 6 days as compared to 1 to 3 days on 09/15/18 MDS; and other behavioral symptoms (verbal/vocal symptoms like screaming) 1 to 3 days as compared to none on the 09/15/18 MDS. The 11/23/18 MDS noted the above named behaviors: Significantly interfered with the</p>	4 136		



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4 136	<p>Continued From page 10</p> <p>resident's care; Significantly interfered with the resident's participation in activities or social interaction; Significantly intruded on the privacy of others; and Significantly disrupted care or living environment. The 11/23/18 MDS noted R39 rejected care 4 to 6 days, but less than daily compared to 1 to 3 days on 9/18/18 MDS. The 11/23/18 MDS noted a worsening of R39's current behavior status, care rejection, or wandering compared to prior assessment. The 11/23/18 MDS noted R39 was frequently incontinent of bowel compared to always continent on 09/18/18 MDS. The 11/23/18 MDS noted R39 experienced a loss of 5% or more in the last month or 10% or more in the last six months but was not on a physician prescribed weight loss regimen. The 11/23/18 MDS noted R39 also experienced a decline in her functional status compared to the 9/18/18 MDS: Two person assist for bed mobility compared to one person assist; and One person assist compared with setup only for eating.</p> <p>On the afternoon of 01/30/19 at 02:30 PM a review of R39's physician's orders included: (12/06/18) Lorazepam 0.5mg orally as needed for restlessness, agitation, anxiety, duration: ongoing; (11/26/18) Trazodone 50mg orally daily for insomnia. On the afternoon of 01/31/19 at 02:00 PM, a review of R39's behavior logs found one for use of Lorazepam. Despite the many survey observations and review of nurse's note of R39's behaviors, the behavior log for the use of Lorazepam only contained six entries between 11/01/18 to 01/31/19 (11/01/18, 11/09/18, 11/12/18, 12/01/18, 12/09/18, 01/31/19). Behaviors documented included verbal aggression, disruptive behaviors, calling names, yelling, wall pounding, and physical aggression. On the afternoon of 01/31/19 at 02:10 PM a review of the Medication Administration Records</p>	4 136		



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4 136	<p>Continued From page 11</p> <p>(MARs) for R39 found she received: 14 doses of Lorazepam from 11/01/18 to 11/30/18; 3 doses from 12/01/18 to 12/31/18; and 8 doses from 01/01/19 to 01/30/19. The documentation on the behavior log for Lorazepam did not match the MAR for use of Lorazepam prn.</p> <p>On the afternoon of 01/03/19 at 02:30 PM, a review of the physician's notes dated 06/01/18 through 12/31/18 found the physician did not document R39's shingles outbreak in September 2018. Additionally, the physician did not discuss R39's significant weight loss. The physician discussed R39's behaviors based on nurses' verbal reports.</p> <p>On the afternoon of 02/01/19 at 12:30 PM a review of the Interdisciplinary (IDT) notes for Residents At Risk (RAR) found a note dated 01/10/19 which noted, "Behavior interferes with meals", with a corresponding plan stating, "Increase breakfast/calories; Get order renewed for Lorazepam." Another note dated 10/26/18 stated, "Weight change likely related to fluctuation in appetite with mood swings/shingles pain."</p> <p>An interview of LN100 on the afternoon of 01/31/19 at 03:09 PM revealed the facility's approach to working with R39 is to use non-medication interventions. The LN stated R39's behaviors have gotten worse since her admission. LN100 stated R39 frequently says mean/hurtful things to her family and the staff. The LN noted R39 has clear preferences for staff and will vocalize her displeasure with persons. LN100 noted R39's behaviors are out of control and occur on a daily basis. She reports she bangs on the wall, is verbally aggressive, is very disruptive, and sometimes gets physically aggressive. The LN reported the nursing staff</p>	4 136		



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4 136	<p>Continued From page 12</p> <p>should be documenting R39's behaviors on the behavior log but acknowledges they haven't been. She validated the behavior log for Lorazepam does not match the use of the medication (as it is documented on the MAR). LN100 noted the night shift nurses were responsible to review residents for an overall picture. She noted the information is inaccurate since the behavior logs were not being accurately done. LN100 stated R39's behaviors have interfered with her nutritional intake, resulting in a significant weight loss (16% in three months from September to December 2018). The LN stated R39's significant weight loss could have been avoided if her behaviors were better managed.</p> <p>On the morning of 02/01/19 at 08:51 AM an interview of the Registered Dietician (RD) revealed her understanding that R39 experienced a significant weight loss which was not physician prescribed. The RD said, "Sometimes [R39's] behavior affects her appetite." The RD noted a decline in R39's behavior. She reports R39 was initially "pleasantly rude" and has since gotten worse, noting her behavior is "coming out more" and has increasingly become more demanding. The RD referred R39 for a swallow evaluation which found she required a mechanical soft texture. The RD noted the staff discussed R39 at their weekly Resident At Risk (RAR) meetings where the Interdisciplinary Team (IDT) discussed residents with problems which include weight, behaviors, pain, falls, etc. The RD noted the IDT completed a significant change on the MDS as it seemed like R39's behaviors were affecting her dietary intake resulting in significant weight loss. The RD noted the physician was making revisions to her medications and the IDT was hopeful it would impact her intake/weight. The RD noted R39 had shingles in September 2018</p>	4 136		



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4 136	<p>Continued From page 13</p> <p>which may have started the ball rolling with her weight loss. The RD noted that R39's behaviors very likely contributed to her significant weight loss, which could have been avoided.</p> <p>An interview of R39's family member (FM) on the morning of 02/04/19 at 10:30 AM revealed that R39's behaviors have worsened. The FM noted R39 is "always so angry". She understands she has dementia and noted it's turned her personality completely around. The FM stated R39 was hurtful to her husband as she told him she divorced him and married Staff 107. The FM stated R39's behaviors made her husband feel bad and for a while he didn't want to visit.</p> <p>An interview of R39's physician (facility's medical director) on the morning of 02/04/19 at 11:45 AM found R39 became more verbally aggressive with staff around September 2018. The physician thought R39 was "possibly depressed" and she tried Citalopram (antidepressant) but she continued to exhibit behaviors. The physician referred R39 to a psychiatrist who found her to be paranoid and recommended an antipsychotic which was trialed. The resident's behaviors got worse so the physician tapered her off the antipsychotic. The physician noted R39 is "very sensitive" to medications. She stated she attempted Namenda (dementia medication) as well as another antidepressant both of which worsened her behaviors. The physician tried her on prn Lorazepam which she stated the family likes because it's not given daily. The physician stated the nursing staff are monitoring her sleep as R39 always wants to sleep. The physician noted the IDT could do better with managing her behaviors and will figure out a plan.</p> <p>The facility's failure to ensure the highest</p>	4 136		



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4 136	<p>Continued From page 14</p> <p>practicable physical, mental and psychosocial well being for R39's affected her nutritional intake, relationship with family, and her functional status.</p> <p>3) Resident (R)41 is a 91 year old admitted to the facility on 09/01/17. R41 has a history of asking for things and then refusing them per Staff (S)1. R41 has ongoing medical issues that have not been resolved because of her asking for treatment and then refusing. Record Review (RR) on 01/29/18, R41 has a care plan for Mood dated 09/13/17. Under goals, R41 mood and behaviors will be minimized with medication and interventions thru next review date with an onset date of 09/13/2017 and a target date of 03/08/2019. One of the approaches is to use alternate staff if acting out or refusing care. Come back later 10-15 minutes later.</p> <p>Interview on 01/29/19 at 10:50 AM with R41 who states, "It's a lot of repetition. I don't go outside. I like watching TV and the news. I don't get out of bed."</p> <p>Interview on 01/29/19 at 11:00 AM with Staff (S)28 states, "she gets up to shower. We have been encouraging her to get up but she refuses."</p> <p>Interview on 01/30/19 at 09:13 AM with R41 who states, "I have a tooth that is supposed to be taken care of. However, R41 refused to do the teeth extraction on March 16, 2018." (Reference F656).</p> <p>Interview on 01/30/19 at 09:45 AM with resident R41 "My right breast has fallen to the side and it's hard." Resident shows this surveyor right breast. Right side of breast with different skin texture and some redness to area. R41 goes on to say that "they told me that it is not cancer and to go to my</p>	4 136		



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4 136	<p>Continued From page 15</p> <p>own physician. I don't have a physician. I went two different times, three different doctors. I would like it removed and it hurts." R41 offers me a copy of a report from a radiology service. Report states "Our interpretation of your breast examination identified a finding that needs further evaluation. A full report has been forwarded to your physician."</p> <p>Interview on 01/30/19 at 10:18 AM with MD who stated that "I didn't see that exact letter but we sent her to a surgeon and it was biopsied. The results came back as benign. We offered her to go to some surgeons here but she didn't want to. We offered her to go to Oahu but she didn't want to. We treated her with antibiotic. She shouldn't pick on it." (Reference F657).</p> <p>Record review (RR) on 02/01/2019 at 08:00 AM reveals the resident had a psychological examination on October 17, 2017. At the time, R41 was diagnosed as having a Persistent Depressive Disorder. Recommendations were 1) individual and family supportive counseling. 2) Follow-up regarding her concerns about her feet and walking. Confirmed by S41 that there were no other psych consults in record.</p> <p>On 02//01/19 at 09:05 AM, S66 stated "there was a period that she was sitting in the wheel chair and sitting at the end of the bed and then she refused. (Reference F676). R41 refuses to get out of bed except to shower."</p> <p>Interview with S11 on 02/01/19 at 09:35 AM who stated "she declined sitting at the edge of the bed."</p> <p>Behavior monitor form (BMF) was reviewed and showed that R41 is on Sertraline 25 mg for</p>	4 136		



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4 136	<p>Continued From page 16</p> <p>depression. Targeted behaviors for Sertraline was 1) calling out for help and 2) stating no one comes in to check on me. The targeted behavior for refusing care and treatment was identified on the care plan but not recorded on the behavior monitor form.</p> <p>4) During an initial tour of the Wailani unit on 01/29/19 at 11:43 AM a loud banging/ pounding sound could be heard in the 400's section. The loud sound was coming from R70's room. Upon entering the room, R70 was observed to be laying supine in the bed across the middle with her feet dangling off the mattress. Her hair was disheveled and she appeared to be hitting a pad that was attached to the wall with her right hand. She looked up and shouted, "get out of here!"</p> <p>During an interview with Certified Nurse Aide (CNA) 32 on 01/29/19 at 11:55 AM she stated that R70 is not very happy this morning. She won't let the janitor into her room to clean. I think it is the progression of the disease that's causing her to be this way, she didn't used to be like this. Shortly after the interview a loud crash was heard coming from R70's room and loud garbled yelling was heard coming out of the room. Breakfast food (eggs) and a plastic dish with silverware were on the floor near the bed. CNA32 stated, "she threw her tray this morning."</p> <p>During an interview with Licensed Nurse (LN) 43 on 01/29/19 at 01:45 PM, surveyor asked about R70 and how her behavior was being managed. LN43 reported that we use psychotropics as a last resort and try to use other methods like comfort care, food or positioning first to address the agitated behaviors.</p>	4 136		



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4 136	<p>Continued From page 17</p> <p>Nursing note dated 01/28/19 at 04:36 PM was reviewed. Staff reported R70 having increased angry outbursts, increase in anxiety, increased episodes of throwing things on the floor, easily gets upset and very needy. She threw the melanine plate this AM in sun room. R70 has increased confusion, demands things.</p> <p>Review of the behavior monitoring forms dated 01/26/19 to 01/29/19 that revealed non-pharmacological interventions were implemented. Provided 1:1, active listening, positive distraction, help resident become more comfortable and validation, reassurance/safety, nursing assessment for physical needs. Documented outcomes were "improved" and "no change".</p> <p>5) During an observation on 01/30/19 at 09:30 AM, R20 was sitting in her wheelchair (W/C) in the activity room restless, fidgeting, moving around in her chair, yelling out "mommy! mommy!", crying, wheeling around in her W/C looking up at the nurse with wide eyes, tears streaming down her cheeks, and facial color bright red. On 01/31/19 at 09:15 AM R20 yelling out, crying with tears streaming down her cheeks, her face bright red and her sweater tightly bunched up in her left hand and pulled up on her chest exposing her left bare breast.</p> <p>During an interview with RN100 on 01/31/19 at 09:20 AM she stated to the surveyor, "we don't use psychotropics until its the last resort."</p> <p>Nursing notes dated 01/26/19 at 07:45 AM R20 woke up around 04:00 this AM. Continues on Trazodone 150 mg every night for insomnia. R20 was yelling and screaming out loud towards end of this shift. As of this note, resident sitting up in</p>	4 136		



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4 136	<p>Continued From page 18</p> <p>W/C, intermittently talking out loud.</p> <p>6) Record Review (RR) on 01/31/19 reveals R33 was an 81-year-old female, who "has moderately impaired cognition r/t Dx of Vascular Dementia and late effect of CVA. (stroke)." There was a Minimum Data Set (MDS) for significant change for R33 dated 08/23/18 that included the following: "Verbal behavioral symptoms directed toward others, occurred 4 to 6 days" "Significant interference with the resident's care" "Put others at significant risk for physical injury" "Significantly disrupt care or living environment" Residents behavior of rejection of care necessary to achieve goals for health and wellbeing "occurred 4 to 6 days." The current behavior status, care rejection was marked "Worse" compared to prior MDS assessment dated 07/01/18.</p> <p>The MDS significant change assessment dated 08/23/18 and quarterly assessment dated 11/17/18 Section I, Active Diagnosis did not identify any Psychiatric/Mood Disorder active diagnosis. RR of R33's comprehensive care plan initiated on 04/18/12 revealed the following Behavior Problem: "a hx of being accusatory to staff and other residents. (e.g. saying hurtful things to caregivers and other residents), being verbally abusive and striking out at staff when she is angry or upset." Established goal was, "R33 will be cooperative with care and not strike out at caregivers during caregiving tasks, and not be verbally abusive ..." Individualized nonpharmaceutical interventions/approaches were implemented at that time to address R33's behavior The facility failed to evaluate the effectiveness and revise R33's care plan after a</p>	4 136		



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4 136	<p>Continued From page 19</p> <p>significant change in her behavior and failed to investigate the underlying cause of R33's depression and aggressive behavior which led to three incidents of physical aggression toward CNAs, and ongoing rejection of medications and necessary care. (refer to tag 657)</p> <p>RR of IDT Social Service (SS) notes dated 08/29/18, which stated, "... resident did express that she is depressed due to her health status. Resident was agreeable to consultation with Psychologist (P)."</p> <p>During an interview with SS83 on 02/01/19 at 11:12 AM, discussed the IDT SS notes dated</p> <p>7) Based on observations, medical record review and staff interview, the facility failed to manage the use of psychotropic medications for one of five residents (R) 39 reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R39 was admitted to the facility on 03/22/18 with diagnoses which included vascular dementia and osteoporosis. R39 was observed with behaviors which affected her nutritional intake resulting in significant weight loss.</p> <p>A review of the physician's orders for R39 on the morning of 01/30/19 at 09:00 AM found an order dated 12/06/18 for Lorazepam (antianxiety) 0.5 mg orally prn (as needed) for restless, agitation, anxiety; Duration: ongoing.</p> <p>On the afternoon of 01/31/19 at 02:30 PM a review of R39's behavior log for Lorazepam 0.5 mg prn noted six entries from 11/01/18 through 01/31/19. A review of R39's Medication Administration Record (MAR) on the afternoon of</p>	4 136		



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4 136	<p>Continued From page 20</p> <p>01/31/19 at 02:40 PM found R39 received prn Lorazepam more frequently than documented on the Behavior Monitoring Form. In November 2018, R39 received 14 doses of Lorazepam. In December 2018, R39 received 3 doses of Lorazepam. In January 2019, R39 received 8 doses of Lorazepam.</p> <p>On the morning of 01/31/19 at 10:00 AM, a review of R39's Minimum Data Set (MDS) with assessment date of 11/23/18 found it was a significant change assessment. R39's previous MDS was dated 09/15/18 which was a quarterly assessment. The 11/23/18 MDS noted the following: Brief Interview for Mental Status (BIMS) score of 9 out of 15 compared with 15 out of 15 on the 09/15/18 assessment; An acute change in mental status with inattention present not previously noted on 09/15/18 assessment; Mood score of 13 out of 27 compared with 5 out of 27 on 9/15/18 assessment; Verbal behavioral symptoms directed toward others 4-6 days compared with 1-3 days on 9/15/18 assessment; Other behavioral symptoms (such as hitting, verbal screaming, disruptive sounds) 1-3 days compared to none on 09/15/18 assessment; Behavioral symptoms significantly interfered with the resident's care; Behavioral symptoms significantly interfered with the resident's participation in activities or social interaction; Behavioral symptoms significantly intrude on the privacy or activity of others/significantly disrupt care or living environment; R39 rejected care 4 to 6 days compared with 1 to 3 days on 9/15/18 assessment; and R39's current behavior status or care rejection worsened since the previous assessment.</p> <p>An interview of the Licensed Nurse (LN) 100 on the afternoon of 01/31/19 at 03:09 PM found the</p>	4 136		



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4 136	<p>Continued From page 21</p> <p>staff used non-pharmacological interventions with R39 before administering prn Lorazepam. She noted the Behavior Monitoring Form should reflect the behaviors leading up to the administration of prn Lorazepam. LN100 confirmed the Behavior Monitoring Form for R39 was not an accurate reflection of her behaviors.</p> <p>An interview of the physician on the morning of 02/04/19 at 11:45 AM revealed R39 did not have behaviors upon admission. The physician noted she became verbally aggressive with staff around September 2018 which she attributed to the resident possibly being depressed. The physician prescribed Citalopram (antidepressant) but the resident continued to display behaviors. She later tried her on Namenda (Alzheimer's medication) but the resident's behaviors did not improve. She noted R39 is very sensitive to medications which poses challenges for the interdisciplinary team. The physician noted they could do better with managing her behaviors.</p> <p>8) Based on observation, interview and record review, the facility failed to ensure that the resident received the proper treatment and care in accordance with the comprehensive assessment of a Resident (R)42 with professional standards of practice.</p> <p>Findings include:</p> <p>Interview on 01/30/19 at 11:50 AM with R42 who voices, "Just now, I had to put my fingers in my rectum to get the lumps out. I was ok for two months and when I turned 87, I started to have hard bowels. It's painful and I'm afraid I may hurt myself. I have to drink three orange juices and I drink them but I still have to do what I'm doing to move my bowels." When asked, he further</p>	4 136		



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4 136	<p>Continued From page 22</p> <p>states, "that no one asks me about my constipation but I told them that they need to increase the meds."</p> <p>Record Review (RR) on 01/31/19 at 09:57 AM reveals doctors orders for Colace 100 mg by mouth twice a day for constipation. On 01/10/19, an order for Miralax 17 gm by mouth (today) was given and another order for Miralax 17 gm by mouth daily whenever needed (PRN) for constipation. For the month of January 2019, R41 received this prn medication of Miralax once in the month of January 2019. The Resident also is receiving oxycodone extended relief 10 mg one tablet by mouth twice a day prn for moderate pain. Resident received this prn order on January 5, 7, 12, 14 and 17th. In addition to this order, there is a regimented order for oxycodone extended relief by mouth twice a day and resident received this medication every day for the month of January. The resident also receives a Fentanyl 75 mcg transdermal patch every 72 hours for chronic knee pain. Side effects of Fentanyl patch and oxycodone is constipation. Constipation care plan dated 11/24/18 states, "R41 has a diagnosis of constipation and takes routine bowel products and is likely related to opioid dependence. Administer bowel products as ordered (see medication administration record for routine and prn orders. Notify MD if resident continues to have signs and symptoms of constipation with bowel products."</p> <p>Interview on 01/31/19 at 11:05 AM with Staff(S)121 who stated, "R41 is independent and he prefers male nurses aides. I set up his bed. I supervise him when he goes to the bathroom. I take care of his urinal. I asked him when he had a bowel movement and he said he didn't."</p>	4 136		



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4 136	Continued From page 23  R41's constipation was discussed with S41 and that although the resident has medications to take if needed for constipation, he is not getting the medication he needs to move his bowels. S41 was not aware that he was constipated.	4 136		
4 149	11-94.1-39(b) Nursing services  (b) Nursing services shall include but are not limited to the following:  (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously, with the initial interdisciplinary care plan conference;  (2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and  (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.  This Statute is not met as evidenced by: 1) Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for Resident (R) 41 related to problems	4 149	Corrective Action Resident # 41 dental and pain care plan was implemented to include problems with her teeth and breast on 2/28/19 by MDS	3/21/19



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4 149	<p>Continued From page 24</p> <p>with her teeth and breast.</p> <p>Findings include:</p> <p>1) Interview on 01/30/19 with Resident (R)41 at 09:13 AM "I have a tooth that is supposed to be taken care of. I went to the dentist because the back tooth is giving me trouble and you have to go to a special dentist for this particular tooth. I fell and all my teeth got turned and my teeth pushed in and broken."</p> <p>Interview on 01/31/19 at 01:20 PM with Staff (S)1 and a concurrent record review (RR) who stated, "She saw a doctor in Waimea. This doctor is the only doctor who can see her in the wheelchair. The resident refused to see her the second time for the actual procedure. Resident refused to do the teeth extraction on March 16, 2018. On May 9, 2018, we got a consult to see another doctor. She had a nose bleed and she couldn't make the appointment. She also had dizziness, lightheadedness, nausea for a while and there is not visit to the second doctor."</p> <p>Follow-up interview on 02/01/19 at 08:52 AM with R41 who was asked by surveyor why she refused to see the first dentist again and verbalized "I'd rather keep my tooth in than go to that person. I would never get taken care of in a place like that. When you sit outside to go in, they don't keep their people. Everybody seems to walk in there at one time. They must open one day a week. I couldn't figure that out. The dentist never showed me her face and stayed behind me."</p> <p>RR on 02/01/19 at 10:00 AM revealed no care plan for breast care for R41.</p> <p>2) Interview on 01/30/19 at 09:45 PM with</p>	4 149	<p>nurse.</p> <p>Identification of others: Full house audit of all resident care plans was conducted on 3/11/19 by MDS nurse to ensure that focus of care plans included any identified dental or breast issues. No resident□s were identified.</p> <p>Systemic Changes: The information regarding dental and pain concerns identified using the MDS and Care Area Assessment process will be used to develop an individualized person-centered Care Plan.</p> <p>MDS Coordinators and interdisciplinary team members that participate in the MDS assessment and care plan development were educated on the Resident Assessment Instrument &amp; Care Plan Policy by Executive Director and Director of Nursing on 3/4/19.</p> <p>Monitoring of system changes: MDS Coordinators will audit 10 resident care plans daily, to include new admissions, 5 times a week, weekly x 4 weeks, and then new admissions care plans monthly for a total of 3 months to ensure that care plans for dental issues and pain were developed. Results of these audits will be taken to the QAPI committee monthly for review. The results of the audits will be reviewed in QAPI to ensure substantial compliance has been achieved and maintained.</p>	



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4 149	<p>Continued From page 25</p> <p>resident (R)41 "My right breast has fallen to the side and it's hard." Resident shows this surveyor right breast. Right side of breast with different skin texture and some redness to area. R41 goes on to say that "they told me that it is not cancer and to go to my own physician. I don't have a physician. I went two different times, three different doctors. I would like it removed and it hurts." R41 offers me a copy of a report from a radiology service. Report states "Our interpretation of your breast examination identified a finding that needs further evaluation. A full report has been forwarded to your physician."</p> <p>"Interview on 01/30/19 at 10:18 with MD who stated, "I didn't see that exact letter but we sent her to a surgeon and it was biopsied. The results came back as benign. We offered her to go to some surgeons here but she didn't want to. We offered her to go to Oahu but she didn't want to. We treated her with antibiotic. She shouldn't pick on it."</p> <p>Interview with S1 on 01/31/19 at 02:00 PM who was stated, "there is no care plan or followup for her dental needs at this time."</p> <p>3) Based on observations, medical record review and staff interviews, the facility failed to review/revise care plans for two of 17 residents (R33 and R39) for nutrition and behaviors.</p> <p>Findings include:</p> <p>Resident (R) 39 experienced a significant weight loss of 16% over a three month period between September and December 2018. The facility completed a significant change Minimum Data Set (MDS) assessment dated 11/23/18 which</p>	4 149		



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4 149	<p>Continued From page 26</p> <p>noted R39 had a significant weight loss and was not on a physician prescribed weight loss program. The 11/23/18 assessment also noted R39's Brief Interview for Mental Status (BIMS) score went down since her previous assessment from 15/15 to 9/15. The 11/23/18 assessment further noted R39's behaviors and mood had worsened since the 9/15/18 assessment.</p> <p>A review of R39's intake from October 2018 through January 2019 found she frequently refused lunch and dinner meals. Additionally, R39 often missed two or more meals in a day.</p> <p>On the morning of 02/01/19 a review of Interdisciplinary (IDT) notes found an entry dated 10/26/18 which noted R39's "Weight change likely related to fluctuation in appetite with mood swings/shingles pain." Another IDT note dated 01/10/19 stated, "Behavior interferes with meals."</p> <p>An interview of the Licensed Nurse (LN) 100 on the afternoon of 01/31/19 at 03:09 PM revealed R39's behaviors have interfered with meal consumption. An interview of the Registered Dietician (RD) on the morning of 02/01/19 at 08:51 AM revealed R39's mood/behaviors have affected her meal intake thus resulting in significant weight loss.</p> <p>A review of R39's care plans on the morning of 01/31/19 at 09:30 AM found one titled, "Nutrition", with the onset date of 04/03/18. The problems listed did not include R39's frequent refusal of meals nor did it include approaches staff should use to address the resident's refusals. The care plan also did not discuss R39's mood/behaviors and its impact on her nutritional intake.</p> <p>4) Record Review (RR) on 01/31/19 reveals R33</p>	4 149		



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4 149	<p>Continued From page 27</p> <p>was an 81-year-old female, who "has moderately impaired cognition r/t Dx of Vascular Dementia and late effect of CVA (stroke)." She requires extensive assist with activities of daily living. R33 is incontinent and at risk for skin breakdown. Brief Interview for Mental Status (BIMS) score is 11/15 (moderately impaired).</p> <p>RR of R33's comprehensive care plan initiated on 04/18/12 revealed the following Behavior Problem: "a hx of being accusatory to staff and other residents. (e.g. saying hurtful things to caregivers and other residents), being verbally abusive and striking out at staff when she is angry or upset." Established goal was, "R33 will be cooperative with care and not strike out at caregivers during caregiving tasks, and not be verbally abusive ..." Individualized interventions/approaches were implemented at that time to address R33's behavior.</p> <p>RR of R33's MDS for significant change dated 08/23/18 included: "Verbal behavioral symptoms directed toward others, occurred 4 to 6 days" "Significant interference with the resident's care" "Put others at significant risk for physical injury" "Significantly disrupt care or living environment" Residents behavior of rejection of care necessary to achieve goals for health and wellbeing "occurred 4 to 6 days." The current behavior status, care rejection was marked "Worse" compared to prior MDS assessment dated 07/01/18.</p> <p>RR of IDT Social Service (SS) notes dated 08/29/18, which stated, " ... Significant change related to resident poor meal intake and increased behavior .... refusing meals and refused medications r/t pain...Resident's Mood</p>	4 149		



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4 149	<p>Continued From page 28</p> <p>Interview score is "03" (minimal depression), however resident did express that she is depressed due to her health status. Resident was agreeable to consultation with Psychologist (P). During an interview with SS83 on 02/01/19 at 11:12 AM, discussed the IDT SS notes dated 08/29/18, and she stated, "I attended the IDT meeting after the significant change and those are my notes." Asked SS83 if R33 attended, and she replied, "Yes ...her daughter was there also. Her daughter suggested her mother may benefit from a psychiatric consult."</p> <p>On 08/31/18 the care plan Psychosocial Well-Being problem was revised to include: "Resident has a dx of Depression, her psychosocial well-being is at risk due to her declining health. When resident is not feeling well, resident often refuses to get out of bed." Approach was documented as follows, "Observe need for psychological/psychiatric services. Provide for these services if agreed upon by resident/responsible party and ordered by physician."</p> <p>On 09/04/18 Registered Nurse (RN)41 documented in nurses notes she informed daughter R33 refused to see P. Entry was, "POA (Power of attorney) updated regarding visit with Psychologist yesterday."</p> <p>On 09/10/18 Progress note by Dietitian 21 documented "refused to talk to P." There was no additional documentation available regarding status of referral to P.</p> <p>On 11/21/18 Associate incident report form completed by Certified Nursing Assistant (CNA)36, documented "R33 combative during shower, scratching and holding aid by the wrist-made verbal threats."</p>	4 149		



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4 149	<p>Continued From page 29</p> <p>On 11/23/18 R33's behavior care plan updated entry, "R33 can be physically and verbally aggressive during shower time." Care Plan goal added was: "R33 will not harm caregivers daily when taking a shower through the next review." This was the only revision to the behavioral care plan since it was initiated on 04/18/12.</p> <p>On 11/27/18 Associate incident report form completed by CNA26, documented, " ... she (R33) punched me. Resident hit my right chest with her right hand." Supervisor's (RN114) report dated 01/28/19 described incident as follows: "CNA was providing care on R33 ...when resident turned to L side, resident punched CNA to R chest area, without any reasons. Resident has hx of being physically aggressive to staff."</p> <p>During interview on 02/01/19 at 09:26 with CNA8, she stated, "We try our best to make her (R33) comfortable, and always have two people when working with her." Asked if aware of the recent incidents and she replied, "Yes, it happened to me too. I don't remember the date, but it was less than a year. While putting her in bed to change her diaper, I got struck in left side of chest. You cannot do it by yourself or someone will get hurt. I worry if she is soaked (diaper). Don't want her to get sores cause she refuses." "I worry I won't be able to change her diaper when needed if she is upset."</p> <p>A care plan approach implemented 04/18/12 is: "Do not try to reach out and touch her when she appears angry or verbally abusive during caregiving tasks."</p> <p>During interview on 02/01/19 at 09:43 AM with SS49, asked what follow up occurred after CNA incidents 11/23/18 and 11/27/18. I talked to R33</p>	4 149		



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4 149	<p>Continued From page 30</p> <p>but did not document it. Asked if a significant change would be reflected in the care plan, and she stated, "Yes, it should be." "At the time I reviewed it and felt the care plan was still applicable." Reviewed R33's care plan with SS49, who validated the behavior problem was initiated 04/10/12 with one revision dated 11/23/18.</p> <p>On 02/01/19 at 10:17 AM during interview with MD, discussed R33's behavior. Inquired if notified, and she stated, "No, I was not aware. Hitting behavior new to me. Usually they notify me, so not sure why that didn't happen."</p> <p>R33's behavioral care plan interventions were not effective. The facility failed to evaluate the effectiveness and revise R33's care plan after a significant change in her behavior and failed to investigate the underlying cause of R33's depression and aggressive behavior which led to three incidents of physical aggression toward CNAs, and ongoing rejection of medications and necessary care.</p> <p>5) Based on observations, medical record review and staff interview, the facility failed to manage the use of psychotropic medications for one of five residents (R) 39 reviewed for unnecessary medications.</p> <p>R39 was admitted to the facility on 03/22/18 with diagnoses which included vascular dementia and osteoporosis. R39 was observed with behaviors which affected her nutritional intake resulting in significant weight loss.</p> <p>A review of the physician's orders for R39 on the morning of 01/30/19 at 09:00 AM found an order dated 12/06/18 for Lorazepam (antianxiety) 0.5</p>	4 149		



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4 149	<p>Continued From page 31</p> <p>mg orally prn (as needed) for restless, agitation, anxiety; Duration: ongoing.</p> <p>On the afternoon of 01/31/19 at 02:30 PM a review of R39's behavior log for Lorazepam 0.5 mg prn noted six entries from 11/01/18 through 01/31/19. A review of R39's Medication Administration Record (MAR) on the afternoon of 01/31/19 at 02:40 PM found R39 received prn Lorazepam more frequently than documented on the Behavior Monitoring Form. In November 2018, R39 received 14 doses of Lorazepam. In December 2018, R39 received 3 doses of Lorazepam. In January 2019, R39 received 8 doses of Lorazepam.</p> <p>On the morning of 01/31/19 at 10:00 AM, a review of R39's Minimum Data Set (MDS) with assessment date of 11/23/18 found it was a significant change assessment. R39's previous MDS was dated 09/15/18 which was a quarterly assessment. The 11/23/18 MDS noted the following: Brief Interview for Mental Status (BIMS) score of 9 out of 15 compared with 15 out of 15 on the 09/15/18 assessment; An acute change in mental status with inattention present not previously noted on 09/15/18 assessment; Mood score of 13 out of 27 compared with 5 out of 27 on 9/15/18 assessment; Verbal behavioral symptoms directed toward others 4-6 days compared with 1-3 days on 9/15/18 assessment; Other behavioral symptoms (such as hitting, verbal screaming, disruptive sounds) 1-3 days compared to none on 09/15/18 assessment; Behavioral symptoms significantly interfered with the resident's care; Behavioral symptoms significantly interfered with the resident's participation in activities or social interaction; Behavioral symptoms significantly intrude on the privacy or activity of others/significantly disrupt</p>	4 149		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HALE ANUENUE RESTORATIVE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1333 WAIANUENUE AVENUE HILO, HI 96720</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 149	<p>Continued From page 32</p> <p>care or living environment; R39 rejected care 4 to 6 days compared with 1 to 3 days on 9/15/18 assessment; and R39's current behavior status or care rejection worsened since the previous assessment.</p> <p>An interview of the Licensed Nurse (LN) 100 on the afternoon of 01/31/19 at 03:09 PM found the staff used non-pharmacological interventions with R39 before administering prn Lorazepam. She noted the Behavior Monitoring Form should reflect the behaviors leading up to the administration of prn Lorazepam. LN100 confirmed the Behavior Monitoring Form for R39 was not an accurate reflection of her behaviors.</p> <p>An interview of the physician on the morning of 02/04/19 at 11:45 AM revealed R39 did not have behaviors upon admission. The physician noted she became verbally aggressive with staff around September 2018 which she attributed to the resident possibly being depressed. The physician prescribed Citalopram (antidepressant) but the resident continued to display behaviors. She later tried her on Namenda (Alzheimer's medication) but the resident's behaviors did not improve. She noted R39 is very sensitive to medications which poses challenges for the interdisciplinary team. The physician noted they could do better with managing her behaviors.</p>	4 149		